. ` PATI		ective De	cember 8,	2004	TION RE	ORI)	81	0/7	4	9,4	つわら	1
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FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE 15	0.00	OB	BASIC		
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If the differ	ence in column 1	n zero, enter "0" in column 2			+180=				OR	+360=			
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10/2	CLAIMS		HIGHE	51	(Column 3	r)AMC	L ENTI		OR F	SMAL	LENTITY	
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